Civil Rights Complaint Form English

(ACT) Civil Rights Complaint Form (ADA)

If information is needed in another language, contact 806-378-6842.

Atención Sesión Pública Convocatoria Aviso 806-378-6842 Para Obtener Información – www.amarillo.gov

Nếu thông tin là cần thiết trong một ngôn ngữ khác, liên hệ 806-378-6842 – www.amarillo.gov

ACT is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of disability, race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended, and the Americans with Disabilities Act (ADA), as amended,. Title VI complaints must be filed within 180 business days and ADA complaints 90 business day from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the General Manager by calling at 806-378-6842. The completed form must be returned to:

Amarillo City Transit, Attention: Transit Director P.O. Box 1971

Amarillo, Texas 79105

Section I			
Your Name:	Home Phone:		
Street Address:	Work Phone:		
E-Mail Address:	City, State. & Zip Code:		
Do you need this information in an accessible format? Large Print TDD Audio Tape Other			
Section II			
Are you filing this complaint on your own behal *If you answered yes, go to Section III	f: Yes* No		
If no, please supply the name and relationship Name	, , , , , , , , , , , , , , , , , , , ,		
Please explain why you have filed a complaint for a third party:			

Please print and sign your name acknow	wledging that you have	obtained permission	to file
this complaint on behalf of the third part		obtained permission	to mo
Printed	,		
Name	Signature		
Section III			
	National Origin	Disability	
Date of alleged discrimination (Month, I Explain what happened and why you be all persons who were involved. Include who discriminated against you (if knowr witnesses. If more space is needed, ple	elieve that you were dis the name and contact n) as well as names an	scriminated against. Definition of the period contact information of	son(s)
Section IV			
Have you previously filed a Civil Rights Circle the appropriate answer -		ency? No	
Section V			
Have you filed this complaint with any of Federal or State court? Circle the apprel of the state	opriate answer - Yes	No	•
[] Federal Agency:			
[] Federal Court:	[] Local Ag	ency:	
[] State Court:		the compleint was file	al.
Please provide contact information at the NameTitle			
Agency	Address		
Section VI			
Name of agency complaint is against: Contact person:			
Telephone Number:		1106	
You may attach any written materials or o your complaint. Signature and date requ		ou think is relevant to	
Print your name Sign y	our name	Date	_
Please submit this form in person to: Amarillo City Transit 801 South East 23 rd Amarillo, Texas 79102 Route 4 stops at the front door	Mail this form to City of Amarillo P.O. Box 1971 Amarillo, Texas		
<u>Date Received:</u> <u>Received By:</u>			